

IMG_20230508_073436_957.jpg

International Format BC and Translated Extract-ROG.pdf

Original Birth Certificate.pdf

Sandi and Pavao Passports.pdf

Sandi Date of Issue 02- 09-1983.pdf

Sandi Matic certificate of ID.pdf

Sandi Matic child passports.pdf

Sandi Matic CPO.pdf

Sandi Matic POA.pdf

Sandi OATH.pdf

Sandi old ID.pdf

Visa BOND.pdf

VISA GRANT NOTICE.pdf

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IMG_20230508_073409_835.jpg

PRISON ID FRONT.pdf

Sandi and Pavao Passports.pdf

PRISON id back.pdf



Department of Immigration and Multicultural Affairs

TRANSLATION SERVICE
1260 Hay Street, West Perth W.A. 6005
Tel. (09) 261 2466 Fax. (09) 481 1223



Translated from: Bosnian

Registration No: 47244/3

The Department, in making the translation, gives no warrant as to the authenticity or otherwise of the original document.

Extract Translation of Birth Record

Number 2366/1983	Issuing Authority Municipal Registrar	
Country of Issue Yugoslavia	Date of Issue 2/9/1983	Place of Issue Mostar

Given Name(s) Sandi	Family Name(s) MATIC	
Date of Birth 25/8/1983	Place of Birth Mostar	Sex male

Father's Given Name(s) Pavao Nikola	Father's Surname(s) MATIC
Mother's Given Name(s) Sabina	Mother's Surname(s) MATIC
Mother's Maiden Name(s) (if applicable) Derviskadic	

Additional Information
***** DOCUMENT TRANSLATED IN 1997 JUL 14/15 01 JUL 1997 DEPARTMENT OF IMMIGRATION AND MULTICULTURAL AFFAIRS

Certified True Copy

Registrar *Saj*

Date

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1	BOSNIE ET HERZEGOVINE BOSNA I HERCEGOVINA Mostar		2	SERVICE DE L'ÉTAT CIVIL DE MATIČNA SLUŽBA Mostar	
3	EXTRAIT DE L'ACTE DE NAISSANCE N° IZVADAK IZ MATIČNE KNJIGE ROĐENIH BROJ 2366/1983				
4	DATE ET LIEU DE NAISSANCE DATUM I MJESTO ROĐENJA		Jo 25	Mo 08	An 1983 Mostar Mostar Bosna i Hercegovina
5	NOM PREZIME Matić				
6	PRÉNOMS IME Sandi				
7	SEXE SPOL M	8	PÈRE OTAC	9	MÈRE MAJKA
5	NOM PREZIME Matić		Matić		
6	PRÉNOMS IME Pavao Nikola		Sabina		
10	AUTRES ÉNONCIATIONS DE L'ACTE DRUGI PODACI IZ IZVATKA //-				
11	DATE DE DÉLIVRANCE, SIGNATURE, SCEAU DATUM IZDAVANJA POTPIS, PEČAT		Jo 01	Mo 08	An 2023

SYMBOLES / ZEICHEN / SYMBOLS / SIMBOLOS / ZIMBOLAI / SIMBOLI / SYMBOLEN / SIMBOLOS / İŞARETLER / SIMBOLI

- **Jo:** Jour / Tag / Day / Dia / Húsp / Giorno / Dag / Dia / Gün / Dan
- **Mo:** Mois / Monat / Month / Mes / Mhny / Mese / Mesand / Mês / Ay / Mjesec
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- **Df:** Décès de la femme / Tod der Ehefrau / Death of the wife / Defunción de la mujer / Θάνατος της συζύγου / Morte della moglie / Overlijden van de vrouw / Óbito da mulher / Karının ölümü / Smrt žene

EXTRAIT DÉLIVRÉ EN APPLICATION DE LA CONVENTION SIGNÉE À VIENNE LE 8 SEPTEMBRE 1976*
 AUSZUG AUSGESTELLT GEMÄß DEM ÜBEREINKOMMEN VON WIEN VOM 8. SEPTEMBER 1976
 EXTRACT ISSUED IN PURSUANCE OF THE CONVENTION SIGNED AT VIENNA ON SEPTEMBER 8, 1976
 CERTIFICACION EXPEDIDA EN APLICACION DEL CONVENIO FIRMADO EN VIENA EL 8 DE SEPTIEMBRE DE 1976
 ΑΠΟΣΠΑΣΜΑ ΧΟΡΗΓΟΥΜΕΝΟΝ ΚΑΤ ΕΦΑΡΜΟΓΗΝ ΤΗΣ ΣΥΜΒΑΣΕΩΣ ΤΗΣ ΒΙΕΝΝΗΣ ΤΗΣ 8 ΣΕΠΤΕΜΒΡΙΟΥ 1976
 ESTRATTO RILASCIATO IN APPLICAZIONE DELLA CONVENZIONE FIRMATA A VIENNA IL 8 SETTEMBRE 1976
 UITTREKSEL AFGEGEVEN INGEVOLGE DE OVEREENKOMST ONDERTEKEND TE WENEN OP 8 SEPTEMBER 1976
 CERTIDÃO EMITIDA AO ABRIGO DA CONVENÇÃO ASSINADA EM VIENA AOS 8 DE SETEMBRO DE 1976
 VIYANADA 8 EYLÜL 1976 TARİHİNDE İMZALANAN SÖZLEŞME UYARINCA VERİLEN ÖRNEK
 IZVOD IZDAT NA OSNOVU PRIMJENE KONVENCIJE POTPISANE U BEČU 8. SEPTEMBRA 1976.

1	Staat / Country / Estado / Κράτος / Stato / Staat / Estado / Devlet / Država
2	Standesamtsbehörde / Civil Registry Office of / Registro Civil de / Ληξιαρχική 'Αρχή του (ή τής ή τών) / Servizio dello stato civile / Dienst van de burgerlijke stand van / Serviços do registo civil de / Nüfus İdaresi / Matična služba
3	Auszug aus dem Geburtseintrag Nr / Extract from birth registration no / Certificación del acta de nacimiento N° / 'Απόσπασμα ληξιαρχικής πράξεως γεννήσεως αριθ / Estratto dell'atto di nascita n. / Uittreksel uit de geboorteakte nr. / Certidão do assento de nascimento n° / Doğum sicil örneği No. / Izvadak iz matične knjige rođenih br.
4	Tag und Ort der Geburt / Date and place of birth / Fecha y lugar de nacimiento / Χρονολογία και τόπος γεννήσεως / Data e luogo di nascita / Geboortedatum en plaats / Data e lugar do nascimento / Doğum yeri ve tarihi / Datum i mjesto rođenja
5	Name / Name / Apellidos / 'Επώνυμον / Cognome / Naam / Apellidos / Soyadı / Prezime
6	Vornamen / Forenames / Nombre propio / 'Ονόματα / Prenomi / Voornamen / Nome próprio / Adı / Ime
7	Geschlecht / Sex / Sexo / Φύλον / Sesso / Geschlecht / Sexo / Cinsiyeti / Spol
8	Vater / Father / Padre / Πατήρ / Padre / Vader / Pai / Baba / Otac
9	Mutter / Mother / Madre / Μητέρα / Madre / Moeder / Mãe / Ana / Majka
10	Andere Angaben aus dem Eintrag / Other particulars of the registration / Otros datos del acta / 'Ετεροι έγγραφαί τής πράξεως / Altre enunciazioni dell'atto / Andere vermeldingen van de akte / Outros elementos do assento / İşleme ait diğer bilgiler / Drugi podaci iz izvotka
11	Tag der Ausstellung, Unterschrift, Siegel / Date of issue, signature, seal / Fecha de expedición, firma, sello / Χρονολογία έκδόσεως, υπογραφή, σφραγίς / Data di rilascio, firma, bollo / Datum van afgifte, handtekening, zegel / Data de emissão, assinatura, selo / Veriliş tarihi, imza, mühür / Datum izdavanja, potpis, pečat

* Prema čl. 3., 4., 5. i 7. Konvencije:

- Podatci koji se unose u obrasce pišu se tiskanim slovima, latinicom; osim toga, mogu biti napisani pismom jezika na kojem je sastavljen izvadak na koji se odnose.
- Datum se upisuju arapskim brojkama koji označuju redom: dan, mjesec i godinu. Dan i mjesec označuju se dvjema brojkama, godina četirima. Prvih devet dana u mjesecu i prvih devet mjeseci u godini označuju se brojevima od 01 do 09.
- Pokraj svakog imena mjesta spomenutog u izvatku navodi se ime države u kojoj se mjesto nalazi, ako izvadak nije izdan u toj državi.
- Pokraj znakova: *Mar, Sc, Div, A, D, Dm i Df* navode se datum i mjesto događaja. Pokraj znaka *Mar* navodi se prezime i ime supružnika.
- Ako se zbog sadržaja izvatka ne može ispuniti neka rubrika ili dio rubrike, ta rubrika ili dio rubrike se prekrži.
- Za dodavanje drugih rubrika ili znakova potrebno je prethodno odobrenje Međunarodne komisije za građanska stanja.



10048609

SOCIJALISTIČKA FEDERATIVNA REPUBLIKA JUGOSLAVIJA
SOCIJALISTIČKA REPUBLIKA BOSNA I HERCEGOVINA

 OPŠTINA MOSTAR

 Oslobođeno od
 Za AT-a i služi u svrhu registracije

Izvod iz matične knjige rođenih

23 11
 25.08.1983. 15.00.48

 Jedinstveni matični broj
 Mostar

U matičnoj knjizi rođenih koja se vodi za mjesto
 pod rednim brojem 2366 za godinu 1983. izvršen je upis rođenja:

Prezime	M A T I Ć		Pol
Ime	S A N D I		muški
Dan, mjesec, godina i sat rođenja	25./dvadesetipeti! avgusta 1983. u 16.30 č.		
Mjesto i opština rođenja	MOSTAR		
Državljanstvo	SFRJ i BR BiH		
Podaci o roditeljima	ocu	majci	
Prezime (za majku i djevojačko prezime)	Matić	Matić r. Derviškadić	
Ime	Pavao Nikola	Sabina	
Prebivalište	Mostar	Avenija 14. februar br 57 Mostar	
Naknadni upis i bilješke: HAY ST PERTH Marcello Verrocchi & W & J Equity P/L 858 Hay St. PERTH WA 6000 Ph: 08 8426-8401 Fax: 08 9226 4170 ABN: 66 372 012 963 Approval No: 52034Q I certify this to be a complete and true copy of the original document MAHSA SADAT ROUHANI B Pharm Dated: <u>28.4.23</u>			

 Broj: 17695

 U Mostaru

 Dana: 2.9.1983.


Idood Ziyana
 (Potpis matičara)

858 Hay St. PERTH WA 6000
Ph: 08 8426-8401 Fax: 08 8426-7940
ABN: 66 372 012 963 Approval No: 520540

SOCIJALISTIČKA FEDERATIVNA REPUBLIKA JUGOSLAVIJA
SOCIJALISTIČKA REPUBLIKA BOSNA I HERCEGOVINA

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Prezime	M A T I Ć		Pol
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Dan, mjesec, godina i sat rođenja	25./dvadesetipeti! avgusta 1983. u 16.30 č.		
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Podaci o roditeljima	ocu	majci	
Prezime (za majku i djevojačko prezime)	Matić	Matić r. Derviškadić	
Ime	Pavao Nikola	Sabina	
Prebivalište	Mostar	Avenija 14. februar br 57 Mostar	
Naknadni upis i bilješke:			
CHEMIST WAREHOUSE HAY ST PERTH Marcello Verrocchi & W & J Equity P/L 858 Hay St. PERTH WA 6000 Ph: 08 8426-8401 Fax: 08 9226 4170 ABN: 66 372 012 963 Approval No: 52034Q I certify this to be a complete and true copy of the original document MAHSA SADAT ROUHANI B Pharm Dated: <u>28.4.83</u>			

 Broj: 17695

 U Mostaru

 Dana: 2.9.1983.


Idood Ziyana
 (Potpis matičara)

SOCIJALISTIČKA FEDERATIVNA REPUBLIKA JUGOSLAVIJA
SOCIJALISTIČKA REPUBLIKA BOSNA I HERCEGOVINA

 OPŠTINA MOSTAR

 Oslobođeno od
 Za AT-a i služi u svrhu registracije

Izvod iz matične knjige rođenih

23 11
 25.08.1983. u 16.30 č.
 12508983150048

 Jedinstveni matični broj
 Mostar

 U matičnoj knjizi rođenih koja se vodi za mjesto Mostar
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Prezime	M A T I Ć		Pol
Ime	S A N D I		muški
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Mjesto i opština rođenja	MOSTAR		
Državljanstvo	SFRJ i BiH		
Podaci o roditeljima	ocu	majci	
Prezime (za majku i djevojačko prezime)	Matić	Matić r. Derviškadić	
Ime	Pavao Nikola	Sabina	
Prebivalište	Mostar	Avenija 14. februar br 57 Mostar	

Naknadni upis i bilješke:

CHEMIST
WAREHOUSE

HAY ST PERTH
 Marcello Verrocchi & W &
 J Equity P/L

858 Hay St. PERTH WA 6000
 Ph: 08 8426-8401 Fax: 08 9226 4170
 ABN: 66 372 012 963 Approval No: 52034Q

I certify this to be a complete and true copy of the original document

MAHSA SADAT ROUHANI B Pharm

Dated: 28.4.83

 Broj: 17695

 U Mostaru

 Dana: 2.9.1983.


Idood Ziyana
 (Potpis matičara)

144.24 Substituting new for original birth certificates — inspection.

1. If a new certificate of birth is established, the actual place and date of birth shall be shown on the certificate. The certificate shall be substituted for the original certificate of birth.

2. Following substitution of the original certificate of birth with a new certificate of birth, the original certificate and the evidence of adoption, paternity, legitimation, or sex change shall not be subject to inspection except under order of a court of competent jurisdiction, including but not limited to an order issued pursuant to [section 600.16A](#), as provided in [section 144.24A](#), or as provided by administrative rule for statistical or administrative purposes only.

3. Notwithstanding [subsection 2](#), the state registrar shall, upon the application of an adult adopted person, a biological parent, an adoptive parent, or the legal representative of the adult adopted person, the biological parent, or the adoptive parent, inspect the original certificate and the evidence of adoption and reveal to the applicant the date of the adoption and the name and address of the court which issued the adoption decree.

[C24, 27, 31, 35, 39, §2406; C46, 50, 54, 58, 62, 66, §144.21, 144.44; C71, 73, 75, 77, 79, 81, §144.24]

[91 Acts, ch 243, §2](#); [99 Acts, ch 141, §18](#); [2021 Acts, ch 113, §1](#)

Referred to in [§144.13A](#), [144.24A](#)

CHAPTER 105

ADOPTED PERSONS AND REESTABLISHMENT OF ORIGINAL BIRTH CERTIFICATES — BIOLOGICAL PARENT INFORMATION

S.F. 517

AN ACT relating to the addition of biological parent information of an adult adopted person through reestablishment of an original certificate of birth, and providing fees.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. **NEW SECTION. 144.23A Biological parent information — reestablishment of original certificate of birth.**

1. Notwithstanding whether an original certificate of birth is substituted with a new certificate of birth pursuant to [section 144.24](#) following adoption of the subject of the original certificate of birth, whether a new certificate of birth is issued to show that a person for whom the new certificate is requested has been legitimated or that paternity of that person has been determined pursuant to [section 144.23](#), or whether a new certificate of birth is issued to show paternity pursuant to [section 144.40](#) if paternity is not shown on the original certificate of birth, an adopted person who is the subject of the original certificate of birth, who was born in this state, who is at least eighteen years of age at the time the application is filed, and whose original certificate of birth was substituted with a new certificate of birth pursuant to [section 144.24](#) based upon the adoption, may apply to the state registrar to have that original certificate of birth reestablished to include the name on the original certificate of birth of an omitted biological parent in accordance with [this section](#).

2. Prior to issuing a reestablished original certificate of birth as provided in [subsection 1](#), all of the following requirements shall be met:

a. The adopted person shall file a written application, in the form and manner prescribed by the state registrar along with proof of identification, with the state registrar consenting to the adopted person's original certificate of birth being reestablished to include the name of an omitted biological parent.

b. The adopted person shall obtain and submit to the state registrar one of the following regarding the person whose name is to be added as a biological parent:

(1) If the person whose name is to be added as a biological parent is living, the adopted person shall obtain from the person a sworn affidavit along with substantiating evidence attesting that the person is a biological parent of the subject of the original certificate of birth and that the name to be added is that of the biological parent that was omitted from the original certificate of birth.

(2) If the person whose name is to be added as a biological parent is deceased, the adopted person shall obtain from the personal representative or successor of the estate of the person, from the trustee of the trust of the person, or from a relative of the person a sworn affidavit along with substantiating evidence, attesting that the person is a biological parent of the subject of the original certificate of birth and that the name to be added is that of the biological parent that was omitted from the original certificate of birth.

3. An adult adopted person as described in [section 144.24A](#) or an entitled person as defined in [section 144.24A](#) may apply for and obtain a noncertified copy of the reestablished original certificate of birth subject to compliance with the requirements for applying for and obtaining a noncertified copy of an original certificate of birth under [section 144.24A](#). The reestablished original certificate of birth shall include the biological parent who was omitted from the original certificate of birth. A reestablished original certificate of birth shall be marked "reestablished". A summary statement of the evidence submitted pursuant to [this section](#) shall be endorsed on the certificate.

4. The state registrar shall adopt rules pursuant to [chapter 17A](#) to administer [this section](#) including rules relating to all of the following:

a. The establishment, collection, and deposit of fees in accordance with [section 144.46](#) for the preparation and registration of a reestablished original certificate of birth and for issuance of a noncertified copy of a reestablished original certificate of birth under [this section](#). The fee established for issuance of a noncertified copy of a reestablished original certificate of

birth shall not exceed the fee established for issuance of a certified copy of a certificate of birth.

b. The consent and affidavit forms, the proof of identification requirements relative to provision of consent by the subject of an original certificate of birth, and the evidentiary requirements to substantiate that a person is an omitted biological parent of the subject of the original certificate of birth.

5. For the purposes of [this section](#):

a. “*Personal representative*” means the same as defined in [section 633.3](#).

b. “*Relative*” means any of the following:

(1) A person related to the person whose name is to be added on the original certificate of birth as a biological parent, by consanguinity or affinity within the second degree as determined by common law.

(2) A lineal descendent, by consanguinity or affinity, of the person whose name is to be added to the original certificate of birth as a biological parent, including legally adopted children and biological children, stepchildren, grandchildren, great-grandchildren, and any other lineal descendent of such individual.

c. “*Successor*” means the same as defined in [section 633.356](#).

d. “*Trustee*” means the same as defined in [section 633.3](#).

Sec. 2. [Section 144.24, subsection 2](#), Code 2023, is amended to read as follows:

2. Following substitution of the original certificate of birth with a new certificate of birth, the original certificate and the evidence of adoption, paternity, legitimation, or sex change shall not be subject to inspection except under order of a court of competent jurisdiction, including but not limited to an order issued pursuant to [section 600.16A](#), as provided in [section 144.23A](#) or [144.24A](#), or as provided by administrative rule for statistical or administrative purposes only.

Sec. 3. [Section 144.24A](#), Code 2023, is amended by adding the following new subsection:

NEW SUBSECTION. 8. If an original certificate of birth is reestablished pursuant to [section 144.23A](#), the adopted person or the entitled person who meets the requirements of [this section](#) may apply for and obtain a noncertified copy of the reestablished original certificate of birth of the adopted person who is the subject of the original certificate of birth subject to compliance with the requirements of [this section](#) relating to the issuance of a noncertified copy of an original certificate of birth.

Approved June 1, 2023



State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE) BIRTH PARENT REQUEST FOR A NON-CERTIFIED COPY OF AN ORIGINAL BIRTH CERTIFICATE

I, _____ (birth mother) (birth father), hereby request a non-certified copy of my birth daughter or birth son's original birth record as it was filed at the time of birth.

The child was born in the city of _____, county of _____,

hospital _____ on _____, _____
Date Year

and the birth name was:

First name _____ Middle name _____

Last name _____

Birth mother's name _____
(as it appeared on the original birth record)

Birth father's name _____
(as it appeared on the original birth record)

Birth mother's date and place of birth _____

Birth father's date and place of birth _____

Adoption agency that facilitated the adoption (name and address) _____

NOTE:

It is required that you submit a copy of a non-expired, government issued photo ID and a check or money order made to IDPH for \$15.

Signature

Date

Mailing address _____ City _____

State _____ ZIP code _____ Daytime Telephone number _____

Mail to: Illinois Department of Public Health, Division of Vital Records - IARMIE, 925 E. Ridgely Ave., Springfield, IL 62702-2737

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7	SEXE SPOL M	8	PÈRE OTAC	9	MÈRE MAJKA
5	NOM PREZIME Matić		Matić		
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11	DATE DE DÉLIVRANCE, SIGNATURE, SCEAU DATUM IZDAVANJA POTPIS, PEČAT		Jo 01	Mo 08	An 2023

SYMBOLES / ZEICHEN / SYMBOLS / SIMBOLOS / ZYMBOLA / SIMBOLI / SYMBOLEN / SIMBOLOS / İŞARETLER / SIMBOLI

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- **D:** Décès / Tod / Death / Defunción / Θάνατος / Morte / Overlijden / Óbito / Ölüm / Smrt
- **Dm:** Décès du mari / Tod des Ehemanns / Death of the husband / Defunción del marido / Θάνατος του συζύγου / Morte del marito / Overlijden van de man / Óbito do marido / Kocanın ölümü / Smrt muža
- **Df:** Décès de la femme / Tod der Ehefrau / Death of the wife / Defunción de la mujer / Θάνατος της συζύγου / Morte della moglie / Overlijden van de vrouw / Óbito da mulher / Karının ölümü / Smrt žene

EXTRAIT DÉLIVRÉ EN APPLICATION DE LA CONVENTION SIGNÉE À VIENNE LE 8 SEPTEMBRE 1976*
 AUSZUG AUSGESTELLT GEMÄß DEM ÜBEREINKOMMEN VON WIEN VOM 8. SEPTEMBER 1976
 EXTRACT ISSUED IN PURSUANCE OF THE CONVENTION SIGNED AT VIENNA ON SEPTEMBER 8, 1976
 CERTIFICACION EXPEDIDA EN APLICACION DEL CONVENIO FIRMADO EN VIENA EL 8 DE SEPTIEMBRE DE 1976
 ΑΠΟΣΠΑΣΜΑ ΧΟΡΗΓΟΥΜΕΝΟΝ ΚΑΤ ΕΦΑΡΜΟΓΗΝ ΤΗΣ ΣΥΜΒΑΣΕΩΣ ΤΗΣ ΒΙΕΝΝΗΣ ΤΗΣ 8 ΣΕΠΤΕΜΒΡΙΟΥ 1976
 ESTRATTO RILASCIATO IN APPLICAZIONE DELLA CONVENZIONE FIRMATA A VIENNA IL 8 SETTEMBRE 1976
 UITTREKSEL AFGEGEVEN INGEVOLGE DE OVEREENKOMST ONDERTEKEND TE WENEN OP 8 SEPTEMBER 1976
 CERTIDÃO EMITIDA AO ABRIGO DA CONVENÇÃO ASSINADA EM VIENA AOS 8 DE SETEMBRO DE 1976
 VIYANADA 8 EYLÜL 1976 TARİHİNDE İMZALANAN SÖZLEŞME UYARINCA VERİLEN ÖRNEK
 IZVOD IZDAT NA OSNOVU PRIMJENE KONVENCIJE POTPISANE U BEČU 8. SEPTEMBRA 1976.

1	Staat / Country / Estado / Κράτος / Stato / Staat / Estado / Devlet / Država
2	Standesamtsbehörde / Civil Registry Office of / Registro Civil de / Ληξιαρχική 'Αρχή του (ή τής ή τών) / Servizio dello stato civile / Dienst van de burgerlijke stand van / Serviços do registo civil de / Nüfus İdaresi / Matična služba
3	Auszug aus dem Geburtseintrag Nr / Extract from birth registration no / Certificación del acta de nacimiento N° / 'Απόσπασμα ληξιαρχικής πράξεως γεννήσεως αριθ / Estratto dell'atto di nascita n. / Uittreksel uit de geboorteakte nr. / Certidão do assento de nascimento n° / Doğum sicil örneği No. / Izvadak iz matične knjige rođenih br.
4	Tag und Ort der Geburt / Date and place of birth / Fecha y lugar de nacimiento / Χρονολογία και τόπος γεννήσεως / Data e luogo di nascita / Geboortedatum en plaats / Data e lugar do nascimento / Doğum yeri ve tarihi / Datum i mjesto rođenja
5	Name / Name / Apellidos / 'Επώνυμον / Cognome / Naam / Apellidos / Soyadı / Prezime
6	Vornamen / Forenames / Nombre propio / 'Ονόματα / Prenomi / Voornamen / Nome próprio / Adı / Ime
7	Geschlecht / Sex / Sexo / Φύλον / Sesso / Geschlecht / Sexo / Cinsiyeti / Spol
8	Vater / Father / Padre / Πατήρ / Padre / Vader / Pai / Baba / Otac
9	Mutter / Mother / Madre / Μητέρα / Madre / Moeder / Mãe / Ana / Majka
10	Andere Angaben aus dem Eintrag / Other particulars of the registration / Otros datos del acta / 'Ετεροι έγγραφαί τής πράξεως / Altre enunciazioni dell'atto / Andere vermeldingen van de akte / Outros elementos do assento / İşleme ait diğer bilgiler / Drugi podaci iz izvataka
11	Tag der Ausstellung, Unterschrift, Siegel / Date of issue, signature, seal / Fecha de expedición, firma, sello / Χρονολογία έκδόσεως, υπογραφή, σφραγίς / Data di rilascio, firma, bollo / Datum van afgifte, handtekening, zegel / Data de emissão, assinatura, selo / Veriliş tarihi, imza, mühür / Datum izdavanja, potpis, pečat

* Prema čl. 3., 4., 5. i 7. Konvencije:

- Podatci koji se unose u obrasce pišu se tiskanim slovima, latinicom; osim toga, mogu biti napisani pismom jezika na kojem je sastavljen izvadak na koji se odnose.
- Datum se upisuju arapskim brojkama koji označuju redom: dan, mjesec i godinu. Dan i mjesec označuju se dvjema brojkama, godina četirima. Prvih devet dana u mjesecu i prvih devet mjeseci u godini označuju se brojevima od 01 do 09.
- Pokraj svakog imena mjesta spomenutog u izvatku navodi se ime države u kojoj se mjesto nalazi, ako izvadak nije izdan u toj državi.
- Pokraj znakova: *Mar, Sc, Div, A, D, Dm i Df* navode se datum i mjesto događaja. Pokraj znaka *Mar* navodi se prezime i ime supružnika.
- Ako se zbog sadržaja izvatka ne može ispuniti neka rubrika ili dio rubrike, ta rubrika ili dio rubrike se prekrži.
- Za dodavanje drugih rubrika ili znakova potrebno je prethodno odobrenje Međunarodne komisije za građanska stanja.



10048609



Department of Immigration and Multicultural Affairs

TRANSLATION SERVICE
1260 Hay Street, West Perth W.A. 6005
Tel. (09) 261 2466 Fax. (09) 481 1223



Translated from: Bosnian

Registration No: 47244/3

The Department, in making the translation, gives no warrant as to the authenticity or otherwise of the original document.

Extract Translation of Birth Record

Number 2366/1983	Issuing Authority Municipal Registrar	
Country of Issue Yugoslavia	Date of Issue 2/9/1983	Place of Issue Mostar

Given Name(s) Sandi	Family Name(s) MATIC	
Date of Birth 25/8/1983	Place of Birth Mostar	Sex male

Father's Given Name(s) Pavao Nikola	Father's Surname(s) MATIC
Mother's Given Name(s) Sabina	Mother's Surname(s) MATIC
Mother's Maiden Name(s) (if applicable) Derviskadic	

Additional Information
***** DOCUMENT TRANSLATED IN 1997 JUL 14/15 01 JUL 1997 DEPARTMENT OF IMMIGRATION AND MULTICULTURAL AFFAIRS

Certified True Copy

Registrar *Saj*

Date

The Commonwealth does not guarantee the authenticity of this document and expresses no view as to the truth or falsity of any statements made in this translation. The views expressed in this translation are not necessarily those of the Commonwealth or this Department. The Commonwealth gives no warranty in relation to this translation other than any warranty that may be implied pursuant to the Trade Practices Act 1974. The Commonwealth and its servants and agents shall not be liable, except pursuant to any such implied warranty, for any damage, loss or injury arising directly or indirectly from any person's use of or reliance on this translation whether or not such use or reliance resulted from information or advice which was given to the person or persons.

SOCIJALISTIČKA FEDERATIVNA REPUBLIKA JUGOSLAVIJA
SOCIJALISTIČKA REPUBLIKA BOSNA I HERCEGOVINA

 OPŠTINA MOSTAR

 Oslobođeno od
 ZAT-a i služi u svrhu registracije

Izvod iz matične knjige rođenih

2508183150048

 Jedinstveni matični broj
 Mostar

 U matičnoj knjizi rođenih koja se vodi za mjesto
 pod rednim brojem 2366 za godinu 1983. izvršen je upis rođenja:

Prezime	M A T I Ć		Pol
Ime	S A N D I		muški
Dan, mjesec, godina i sat rođenja	25./dvadesetipeti! avgusta 1983. u 16.30 č.		
Mjesto i opština rođenja	MOSTAR		
Državljanstvo	SFRJ i BiH		
Podaci o roditeljima	ocu	majci	
Prezime (za majku i djevojačko prezime)	Matić	Matić r. Derviškadić	
Ime	Pavao Nikola	Sabina	
Prebivalište	Mostar	Avenija 14. februar br 57 Mostar	

Naknadni upis i bilješke:

CHEMIST
WAREHOUSE

HAY ST PERTH
 Marcello Verrocchi & W &
 J Equity P/L

858 Hay St. PERTH WA 6000
 Ph: 08 8426-8401 Fax: 08 9226-4170
 ABN: 66 372 012 963 Approval No: 52034Q

I certify this to be a complete and true copy of the original document

MAHSA SADAT ROUHANI B Pharm

Dated: 28/4/83

 Broj: 17695

 U Mostaru

 Dana: 2.9.1983.


Idood Ziyana
 (Potpis matičara)

Certificate of Identity



IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

Signature – A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.

Affidavit

I certify the names of SANDI (SANDI MATIC) and MATIC (MATIC SANDI)
refer to the same person, whose correct name is Mr. S. Matic
The names are different because paren didnt know legal process which creates 2 separate records one for the stillborn placenta and other for liveborn son - they got given dodument for the dead entity and i have been holding that mistakenly
The source of my knowledge is: Im certain the legislation, bible, universal laws & feeling it inside my temple all vouch the same
Is there now or was there during _____ time since born _____ any other person known to you by either or any
(Date or Period of Time)
of these names? ☒ Yes ☐ No If Yes, please explain: MATIC my stillborn twin, and attorneys unlawfully rpresented us

Sign Here:

By: Sandi Matic, beneficiary

+61448800250

(Signature of person not named on the securities and having no interest in the transaction)

(Daytime Telephone number)

By-way of General Post-office 3 19 Pollard St, GLENDALOUGH (WA) 6016 AUS

sandi@konkrethaus.com.au

(Mailing Address)

(E-mail Address)

Instructions to Certifying Officer:

1. Name of the disinterested person(s) who appeared and date of appearance **MUST** be completed.
2. If a Medallion stamp is used, an original signature is required. 3. Person(s) must sign in your presence.

I CERTIFY that S. MATIC, whose identity(ies)
(Name(s) of Disinterested Person(s) Who Appeared)

is/are known or proven to me, personally appeared before me this 30TH day of OCTOBER 2023
(Month/Year)

at 95 WILLIAM STREET PERTH and signed this form.
(City, State)

[Signature]
(Signature and Title of Certifying Officer)

Commonwealth Bank
(Name of Financial Institution)

95 WILLIAM STREET
(Address)

PERTH 6000
(City, State, ZIP code)

(08) 9232 7004
(Telephone)



sandi@konkrethaus.com.au



*2999 A C 0321656385412

A person who has NO interest in the securities must complete and sign this form, confirming the individual's identity.

WHERE TO SEND – Send this form and any additional information to Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150.

CERTIFICATION - Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States.

Acceptable seals and stamps:

- The financial institution's official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn't required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number).
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

Authorized Signature
XXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information, the Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate that it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the correct address shown in "WHERE TO SEND."

Durable Power of Attorney for Securities and Savings Bonds Transactions



IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

1. APPOINTMENT

I, SANDI MATIC, hereby appoint
(Name of Grantor)
Sandi Matic as my attorney-in-fact.
(Name of Attorney-in-Fact)

2. AUTHORITY

(Check all the boxes that apply.)

- A. ☒ Relating to my Treasury securities and United States Savings Bonds and Notes, I authorize my attorney-in-fact named above to perform any and all transactions that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities. This does not include the authority to make transfers to the attorney-in-fact or to make gifts to others.
- B. ☒ I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.
- C. ☒ In addition to one or both of the above, I authorize my attorney-in-fact to make gifts to others. I further authorize my attorney-in-fact to make transfers (either for consideration or as a gift) to the attorney-in-fact.

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH or any other authorized payment method, or reinvestments. The Bureau of the Fiscal Service will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

3. TERM AND DURABILITY

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

4. SIGNATURE - Sign in ink in the presence of a certifying officer and provide the requested information. I ratify any and all authorized transactions by my attorney-in-fact.

Sign Here: <u>By SANDI MATIC on behalf of SANDI MATIC, Principal</u>	(Signature of Grantor)
<u>pp SANDI MATIC</u>	<u>432-69-4514</u>
(Print Name)	(Social Security Number)
Home Address <u>C/o Office of Executor / U3 19 Pollard St</u>	<u>+61448800250</u>
(Number and Street or Rural Route)	(Daytime Telephone Number)
<u>Glendalough</u> <u>(WA)</u> <u>[6016]</u>	<u>sandi-private@konkrethaus.com.au</u>
(City) (State) (ZIP Code)	(E-mail Address)
Account number, if applicable <u>0FC872469 / H-192 - SSI - 869</u>	

Instructions to Certifying Officer: 1. Name of the person(s) who appeared and date of appearance **MUST** be completed. 2. If a Medallion stamp is used, an original signature is required. 3. Person(s) must sign in your presence.

I CERTIFY that SANDI MATIC, whose identity(ies)

(Names of Persons Who Appeared)

is/are known or proven to me, personally appeared before me this 2 day of 12 2023

(Month) (Year)

at PERTH, WA and signed this form.

(City, State)

[Signature] BANK OFFICER

(Signature and Title of Certifying Officer)

Commonwealth Bank Australia

(Name of Financial Institution)

95 William ST, PERTH WA 6000

(Address)

PERTH, WA, 6000

(City, State, ZIP code)

(Telephone)



WE CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL SIGHTED 21/12/2023

INSTRUCTIONS

USE OF FORM – Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transactions regarding Treasury securities. These securities include, but are not necessarily limited to, Treasury bills, notes, bonds, and TIPS, FRNs, and all series of United States Savings Bonds and Savings Notes. Authorized transactions include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH or any other authorized payment method, reinvestments, and/or the completion of tax documents. (An attorney-in-fact may not reissue definitive savings bonds.)

IMPORTANT NOTICES

- This form gives the individual or organization you name as attorney-in-fact broad powers to handle your securities and/or securities for which you are acting on the owner's or entitled party's behalf as fiduciary. If you have questions about these powers, you should seek professional legal advice before signing this form.
- The attorney-in-fact is not permitted to transfer securities to an account in his or her own name unless the grantor marks Box C.
- Checking Box C in "2. AUTHORITY" will authorize the attorney-in-fact to make transfers of your Treasury securities without limitations.
- If the grantor is an organization, submit a resolution authorizing the appointment of an attorney-in-fact. FS Form 1010 (available at www.treasurydirect.gov) may be used for this purpose.
- If the grantor of the power of attorney is a trustee, provide the following excerpts of the trust instrument:
 - a copy of the page showing the name and date of the trust
 - a copy of the page showing the trustee's authority to appoint an agent or attorney-in-fact
 - a copy of the signature page

21 DEC 2023
SANDI MATIC

For official use only:

Customer Name

Case or SR#

Customer No

FS Form 5444 (Revised August 2022)

OMB No. 1530-0071

TreasuryDirect® Account Authorization



IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

INSTRUCTIONS

1. Sign in ink in the presence of a certifying officer or notary. Identification may be required.
2. Authorized certifying officers are available at financial institutions, including credit unions, in the United States.
3. Mail the completed authorization form to: Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150.

AUTHORIZATION

I submit this account authorization pursuant to the provisions of 31 CFR Part 363. I understand that my TreasuryDirect account will be activated upon receipt and approval of this authorization. Under penalty of perjury, I certify the information provided is true, correct and complete.

 (Signature)			H-192-551-869 (TreasuryDirect Account Number)		
Sandi Matic (Print Name)			TFN: 432694514 (Social Security Number - REQUIRED)		
Home Address c/- U3 19 Pollard Street (Number and Street or Rural Route)			+61894445964 (Daytime Telephone Number)		
Glendalough (City)	WA (State)	[6016] (ZIP Code)	atty@sandi.land (E-mail Address)		

Check to remove Hardlock



Instructions to Certifying Officer: 1. Name(s) of the person(s) who appeared and date of appearance **MUST** be completed.
2. Original signature is required. 3. Person(s) must sign in your presence.

I CERTIFY that SANDI MATIC, whose identity(ies)
(Names of Persons Who Appeared)

is/are known or proven to me, personally appeared before me this 21st day of DECEMBER, 2023
(Month) (Year)

at PERTH, WA and signed this form.
(City, State)

 BANK OFFICER
(Signature and Title of Certifying Officer)

COMMONWEALTH BANK AUSTRALIA
(Name of Financial Institution)

95 WILLIAM STREET, PERTH WA
(Address)

6000, WA
(City, State, ZIP code)

(08) 9282 7004
(Telephone)



WE CERTIFY THAT THIS IS A TRUE AND CORRECT
COPY OF THE ORIGINAL SIGHTED 21/12/2023

SEE PAGE 2 FOR TYPES OF ACCEPTABLE CERTIFICATIONS


21, Dec, 2023

Acceptable seals and stamps:

- The seal or stamp of a notary.
- A financial institution's official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn't required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number).
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

XXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

A Bank Address Stamp is NOT an acceptable form of certification for this document.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information, the Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 5 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the address shown in the INSTRUCTIONS above.**

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Go to www.irs.gov/FormW8BEN for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.**Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner SANDI MATIC	2 Country of citizenship Australia	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 3 19 POLLARD ST City or town, state or province. Include postal code where appropriate. GLENDA LOUGH, WA, 6016		Country Australia
4 Mailing address (if different from above) General-post office 3 19 Pollard Street City or town, state or province. Include postal code where appropriate. GLENDA LOUGH (WA), Original-state Western Australia, near [6016]		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required ☒	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) 08/25/1983	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9** I certify that the beneficial owner is a resident of Australia within the meaning of the income tax treaty between the United States and that country.
- 10** **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

I certify that I have the capacity to sign for the person identified on line 1 of this form.

SANDI MATICDigitally signed by SANDI MATIC Date: 04.20.2023
03:32:22-04:00

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

04-20-2023

Date (MM-DD-YYYY)

Print name of signer

SANDI MATIC

21-Dec-2023

Affidavit Of Unchanged Status

Under penalties of perjury, I declare that I have examined and signed this form and that the information and certifications contained therein for purposes of establishing tax status under chapter 3, chapter 4 and chapter 61 of the U.S. Internal Revenue Code remained the same and unchanged from 01/01/2023 through the present, and were true, correct, and complete for the time period.

Signature :

Digitally signed by SANDI MATIC
Date: 04.20.2023 03:32:22-04:00

21 December, 2023
By: [Redacted] [RA]
SANDI MATIC
WITHOUT RECOURSE

JMBG / Personal No. / N° Personnel

Putovnica br. / Passport No. / Passeport N°

2508983330372

10194228

SANDI

Surname / Nom

MATIĆ

Datum rođenja / Date of birth / Date de naissance

25.08.1983

Mjesto rođenja / Place of birth / Lieu de naissance

MOSTAR

Prebivalište / Address / Residence / Domicile

MOSTAR, KRALJA TOMISLAVA 57

BOSNA I. HERCEGOVINA

Datum izdavanja / Date of issue / Date de délivrance

27.07.1995.

Vrijedi do / Date of expiry / Date d'expiration

Londri Matić

Vizitorući potpis / Holder's signature / Signature du titulaire

Izdala / Issued by / Délivré par

GK RH MOSTAR

DJECA / CHILDREN / ENFANTS

Ime / First name / Prenom

Prezime / Surname / Nom

Datum rođenja / Date of birth / Date de naissance

25.08.1983.

Spol / Sex / Sexe

MUSKO (M)

Stanovništvo / Relationship / Parenté

Ime / First name / Prenom

Prezime / Surname / Nom

Datum rođenja / Date of birth / Date de naissance

Spol / Sex / Sexe

Stanovništvo / Relationship / Parenté

Vrijedi do / Date of expiry / Date d'expiration

28.08.1995.





**CERTIFICATE OF ACKNOWLEDGEMENT
S13, 15F Crimes Act 1914**

Commonwealth Public Official

BE IT KNOWN

That man answering to the name "Sandi Matic" of 11 Pearson Place Floreat, Western Australia in the Commonwealth of Australia, is authorised as follows, to act for The Crown, Her Majesty Queen Elizabeth The Second (of Great Britain and Northern Ireland), Lawful Sovereign of Australia, in respect of all offences complained of or becoming known to him in his capacity as a Commonwealth Public Official by the authority of the below reproduced Acts.

- *Crimes Act 1914 – S13. Institution of proceedings in respect of offences.*
 - a. *"Unless the contrary intention appears in the Act or regulation creating the offence, any person may;*
 - b. *Institute proceedings for the commitment for trial of any person in respect of any indictable offence against the law of the Commonwealth; or*
 - c. *Institute proceedings for the summary conviction of any person in respect of any offence against the law of the Commonwealth punishable on summary conviction.*
- The Dictionary to the Criminal Code Act 1995 states: at (r.) in the Definition of Commonwealth Public Official that "an individual who exercises powers, or performs functions conferred on a person through or under a Law of the Commonwealth, is a Commonwealth Public Official" and further defines; person to include a corresponding meaning of the Acts Interpretation Act 1901 which states;
 - a. **Meaning of certain words** (1) In any Act, unless the contrary intention appears:
 - (i) Expressions used to denote **persons** generally (such as "**person**," "party," "someone," "anyone," "no-one," "one," "another," and "whoever,") include an individual:
 - (ii) **individual** means a natural **person**;

(Recipient) Sandi: Matic

(Notary Public)

IAN BARRIE MURIE
16 Emerald Terrace
West Perth Western Australia
General Public Notary

Note: The expression '**person**,' includes a *Commonwealth entity*. This is the combined effect of paragraph 22 (1) (a) of the Acts Interpretation Act 1901 (which provides that **person** and the definition of the **person** in the Dictionary).

- (a) **Commonwealth entity** means;
- (i) The Commonwealth; or
 - (ii) A Commonwealth authority.

- In pursuance of the above cited Commonwealth Acts and legislation, man answering to the name "Sandi Matic", as first and true inventor pursuant to the English *Statute of Monopolies* 1623 accordingly affirms by identification that as a subject of Her Majesty Queen Elizabeth The Second, he enjoys the above cited rights and all protected rights as found within the Preamble of the *Commonwealth of Australia Constitution Act* 1900, within the body of that Act,
- Further in pursuance of the above cited Commonwealth Constitution Act, man answering to the name "Sandi Matic", is claiming his right to act as a Commonwealth Public Authority under the 1623 English *Statute of Monopolies and the Crimes Act* 1914 and a Commonwealth entity under the *Criminal Code Act* 1995 and is entitled to the full protection of the Judicial Power of the Commonwealth in respect of his property.

On this the 24th Day of the 11th Month in the year of Our Lord Two Thousand and Twenty Two do solemnly, sincerely and truthfully declare and affirm the above.

Dated at Perth, W.A. this 24th day of November, 2022

By: Sandi (Affiant)
Sandi, of the house Matic, *in rerum natura*

WITNESS my hand and official seal

Notary Public _____

[Print name] _____


IAN BARRIE MURIE
16 Emerald Terrace
West Perth Western Australia
General Public Notary

(Seal)



Sworn at: Perth, Western Australia

**DEED RATIFYING APPOINTMENT OF
ATTORNEY-IN-FACT and POWERS OF ATTORNEY-IN-FACT**

Dated this 26th May, year 2023

PARTIES:

Sandi Matic Living Man Name, Living- Man identified by Commonwealth of Australia Crown agent Births Deaths and Marriages, as Sandi Matic Living Man Name on BDM form Original born certificate in SFRJ BiH, Mostar entry number 2366/1983 Printout number 17695d (hereinafter called "Attorney-In-Fact" or "Sandi Matic Living Man Name") of the one part.

and

MATIC Crown Entity, Transmitting Utility, Birth Certificate BR 5 B/CERT #2508983150048, adoption compliance certificate AC1113275 Homo; (hereinafter called "MATIC") of the other part

BACKGROUND:

Power of Attorney Claim by Deed dated 10-05-2023, Sandi Matic Living Man Name, heir, principal and beneficiary, pursuant to Reasonable Man Doctrine, executed rightful claim to be appointed Attorney-in-Fact, being the only party to add Value; the sole contributing beneficiary, and the only party with rightful claim to Power of Attorney over the Private Trust Security Estate MATIC. This Deed ratifies the said appointment and sets out the powers of the Attorney-in-Fact.

DEFINITIONS AND INTERPRETATIONS IN THIS DEED:

Attorney-in -Fact means Sandi Matic Living Man Name as Attorney-in-Fact for MATIC, yet not necessarily authorised to practice law.

BDM means crown agent Birth Deaths and Marriages of Bosnia-Herzegovina.

MATIC means the said Crown Entity Transmitting Utility MATIC, and/or its Administrators, Agents, Mercantile Agents, and Trustees.

Ens Legis means an artificial person created by law as a corporation.

Grantor means the mother of natural-born child Sandi Matic Living Man Name and the only contributor of value in the Private Trust Security.

Living- Man means natural-born, live, breathing, man or woman of any age.

Private Trust Security means said Crown Entity MATIC and/or the Administrators, Agents, Mercantile Agents, and Trustees of the same.

Reasonable Man Doctrine refers to a test whereby a hypothetical person is used as a legal standard to determine what would be the intent of a party such as Grantor, mother

of Sandi Matic Living Man Name, to determine her Will. Based on this doctrine the Grantor's powers of appointment would have been given to her child and not a stranger.

Stramineous Homo means man of straw, one of no substance, put forward as bail or surety.

RATIFY APPOINTMENT OF ATTORNEY-IN-FACT:

Know all Men by These Presents: That We, MATIC, the corporate entity, transmitting utility, and Ens Legis the undersigned, hereby make, constitute, and ratify the appointment of Sandi Matic Living Man Name as Our true and lawful Attorney-in-Fact for Us in Our corporate capacity, with powers set out herein:

POWERS OF ATTORNEY-IN-FACT:

- 1. To ask, demand, request, file, sue, recover, collect and receive each and every sum of money, credit, account legacy, bequest, interest, dividend, annuity, and demand (which now is or hereafter shall become due, owing or payable or dischargeable) belonging to or accepted claimed by Us, or presented to the MATIC ESTATE (a corporate entity and transmitting utility) and to use and take any lawful and/or commercial means necessary for the recovery thereof by legal or commercial process or otherwise, and to execute and deliver or receive satisfaction or release, therefore, together with the right and power to settle, compromise, compound and/or discharge any claim or initiate any administrative claim for damages or make any necessary demands;*
- 2. To exercise full power and authority that the Attorney-in-Fact deems necessary, in regard to all matters of personal property, private property, and any property, goods, wares, and merchandise choses in action, and other property in the possession or where a security interest is established;*
- 3. To secure by private registration the interest, or the security interest in any or all property where necessary, to accept for value and to discharge all debts for fines, fees, or tax where necessary, to cause the commercial adjustment of any such account held open against the MATIC ESTATE to use where necessary any Sight Drafts/Money Orders, Bills of Exchange to finalize any of the above on Our behalf;*
- 4. To open any cheque or other Bank accounts whereupon being 'closed' to discharge any fines, fees, taxes, and debts via adjustment and set-off;*
- 5. To create, amend, supplement, and or terminate any trust or the RES created by the government of Commonwealth of Australia and/or any*

SH

other government and ratified or exercised in any manner by any other STATE (institutions of government);

6. *To request, retrieve, file, submit, or otherwise, any papers on Our behalf for any matter whether commercial, quasi-judicial, administrative or otherwise and to sign Our legal corporate name as Our act and deed, to execute and deliver the same for any remedy, claim, suit or otherwise.*

GIVING AND GRANTING unto Sandi Matic Living Man Name Our said Attorney-in-Fact, full power, and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about all matters as fully to all intents and purposes as we might or could do if we personally present, and hereby ratifying all that Our Attorney-in-Fact shall lawfully do or cause to do by virtue of these presents. The powers and authority hereby conferred upon Our said Attorney-in-Fact shall be applicable to all real and private property, personal property, or interest therein now owned or hereinafter acquired by us as the 'Ens Legis' and wherever situated, and as evidenced by a filed security interest on the Personal Property Security Register of Commonwealth of Australia.

Our said Attorney-in-Fact is empowered hereby to determine by their sole discretion the time, the purpose for, and the manner, in which any power herein conferred upon them shall be exercised, and the conditions, provisions, and covenants of any instrument(s) or document(s) distribution of real, personal, or private property.

Our said Attorney-in-Fact shall have exclusive power to fix the terms or amounts thereof for cash, funds, credit, and/or affecting all property, including rights, titles, interest to same, and if on/for credit with or without security.

SIGNATURES/Autograph:

Wherefore; We now in the presence of witnesses GH and JK (Schedule 2 Bills of Exchange Act 1908) have signed/autographed this Deed.

Accepted and Agreed by the parties: p.p..... *Sandi*..... MATIC, by
ACCOMMODATION

Sandi Matic Living Man Name (Attorney-In-Fact)

(GH)..... *Susan*.....
Witnessed by: *Susan claxton*
Witn#1

(JK)..... *CHRIS*.....
Witnessed by: *CHRIS DAVENPORT*
Wit#2



Oath of Allegiance and Declaration of Office SMB02H07J1000P024112022

Be It Known

The Oath of Allegiance

I, the man answering to the name "Sandi Matic", do solemnly and sincerely say before my Creator and Heavenly Father, and his son Yehowshua, that I will be faithful and bear true Allegiance to my Creator and Heavenly Father and that I will uphold and support Her Majesty Queen Elizabeth the Second, by the grace of my Creator, Queen under the Crown, lawful Sovereign of Australia, Defender of the Faith, Her Heirs and Successors according to the laws of my Creator.

The Declaration of Office

I, Your Sandi Matic, do solemnly, sincerely, and truly declare and affirm that I will faithfully exercise the office of a Commonwealth Public Official; as a direct representative of Her Majesty Queen Elizabeth the Second, Queen under the Crown, lawful Sovereign of Australia, and Defender of the Faith, Her Heirs and Successors and under the only jurisdiction I acknowledge, being the Almighty Creator and Heavenly Father, and by the grace of my Creator, Her Majesty Queen Elizabeth the Second, Queen under the Crown, and lawful Sovereign of Australia, and Defender of the Faith, Her Heirs and Successors, I will faithfully act in respect of all offences complained of or becoming known to me in my capacity as a Commonwealth Public Official by the authority of the *Crimes Act 1914* (Cth), the 1623 English *Statute of Monopolies*, the *Commonwealth of Australia Constitution Act 1900*, the *Imperial Acts Application Act 1922* and the *Criminal Code Act 1995* (Cth);

I, the man answering to the Sandi "Sandi Matic", have committed to supporting Her Majesty Queen Elizabeth the Second, and lawful Sovereign of Australia from the late nineteen sixties and early nineteen seventies while attending primary/state school, whereby I said "I'll love God and my Country, I'll honour the flag, I'll serve the Queen, and cheerfully obey my parents, teachers and the law". I will not make or participate in any act, in which I know that there is violence or fraud; and

in all things I will act uprightly and justly in the Office of a Commonwealth Public Official, according to the best of my Skill and Ability. As first and true inventor pursuant to the English *Statute of Monopolies 1623* accordingly I declare by identification that as a subject of Her Majesty Elizabeth the Second, I enjoy the above cited rights and all protected rights as found within the Preamble of the *Commonwealth of Australia Constitution Act 1900* (UK), within the body of that Act, within the *Imperial Acts Application Act 1922* and within the International Covenant of Civil and Political Rights as reproduced in Schedule 2 to the *Human Rights and Equal Opportunity Commission Act 1986*. Further, I, the wo/man answering to the Sandi "Sandi Matic", am claiming my right to act as a Commonwealth Public Authority under the 1623 English *Statute of Monopolies*; and the *Crimes Act 1914* and a Commonwealth entity under the *Criminal Code Act 1995* and I, the man answering to the Sandi "Sandi Matic", am entitled to the full protection of Her Majesty Queen Elizabeth the Second, Queen under the Crown, and lawful Sovereign of Australia, Defender of the Faith, Her Heirs and Successors in respect of all my protected rights as a subject of Her Majesty, in respect of my diplomatic immunity and in respect of my property.

On this the 24 Day of the Eleventh Month in the year of Our Lord Two Thousand and Twenty-Two, I do solemnly, sincerely and truthfully declare and affirm the above.

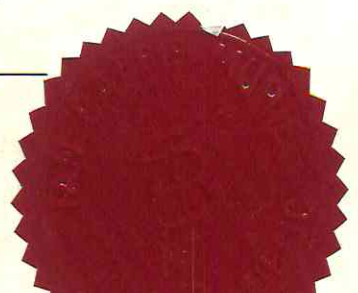
By; Sand
Sandi: of the house Matic

Sandi Matic

In the presence of (IAN BARRIE MURIE) (Notary Public)
Acting in his capacity as a witness only

IAN BARRIE MURIE
16 Emerald Terrace
West Perth Western Australia
General Public Notary

Signature By; [Signature]
Seal:





Health

Sandi Matic

01 Sandi Matic
02 Luka-Nikola Matic



MEMBER: 54003 CARD ISSUE: 01

Western Australia

Expires
26 SEP
2023

SANDI MATIC
11 PEARSON PL
FLOREAT WA 6014

CRN 603 785 723B

Archie 605 761 501A
Luka 605 619 153K

CARD START 28 SEP 2021 FA



debit

5217 2919 1834 4709

VALID DATES
MONTH / YEAR - MONTH / YEAR

05/23-05/26

MR SANDI MATIC



BALGA SENIOR HIGH SCHOOL



"Strength
in
Unity"



BALGA S.H.S.



2 4050 004204 7



EDITH COWAN
UNIVERSITY
PERTH - WESTERN AUSTRALIA

Campus CHURCHLAND Faculty UAC
Student No. 3021377
Surname MATIC
Other Names SANDI
Signature Sandi

Not proof of enrolment - I.D. only

JMBG / Personal No / N° Personnel

Putovnica br. / Passport No / Passe

2508983330372

10194228



SANDI
Ime / First Name / Prénom

MATIC
Datum rođenja / Date of birth / Date de naissance

25.08.1983.
Mjesto rođenja / Place of birth / Lieu de naissance

MOSTAR
Prebivalište / adresa / Residence / Domicile

MOSTAR, KRALJA TOMISLAVA 57

BOSNA I HERCEGOVINA

Vlastoručni potpis / Holder's signature / Signature du titulaire

Datum izdavanja / Date of issue / Date de d

Sandi Matic

27.07.1995.

Izdala / Issued by / Délivré par

Vrijedi do / Date of expiry / Date d'ex

GK RH MOSTAR

27.07.1997.

JMBG / Personal No / N° Personnel

Putovnica br. / Passport No / Passe

1612949330221

070263

Ime / First Name / Prénom

PAVAO NIKOLA

858 Hay St. PERTH WA 6000
Ph: 08 8426-8401 Fax: 08 8426-8401
ABN: 66 372 012 963 Approval No: 520540

From: Do Not Reply - VRN Triage <no.reply.vrn1@homeaffairs.gov.au>
Sent: Wednesday, May 24, 2023 11:51 AM
To: sandi@konkrethaus.com.au
Subject: VEVO Request for Reference Number Form - HA-480520230520021053532
[SEC=OFFICIAL]

OFFICIAL

The Department of Home Affairs has received your enquiry via the VEVO Request for Reference Number Form. Your visa grant number is provided below:

Visa Grant Number: 1510110071692

You can use your visa grant number and travel document number to access your visa details in VEVO.

Use VEVO to email information about your visa conditions to another person or organisation, such as an employer, a landlord, for a police check or the government of a country you would like to visit. For further information on VEVO please visit the department's website: www.homeaffairs.gov.au/vevo

Note for New Zealand passport holders: New Zealand citizens that are frequent travellers to Australia can call our service centre and request a VEVO password to be created. This will save you needing to request your grant number on each arrival into Australia.

For German passport holders: German passports have an extra digit, known as a 'check digit' recorded in the Machine Readable Zone bottom left corner of the passport. If you receive an error when you complete your VEVO check, please redo your check and enter the passport number including the check digit.

Please note; we will only respond to emails that relate to VEVO. We are unable to respond to other enquiries.

For information on all visas or processing enquiries please refer to the department website.
<https://www.homeaffairs.gov.au/trav/visa/appl>

Kind regards

Jeanette
VEVO Support Team
Department of Home Affairs

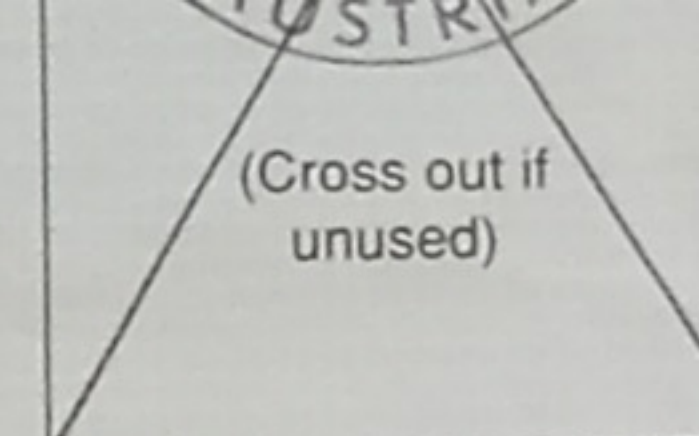
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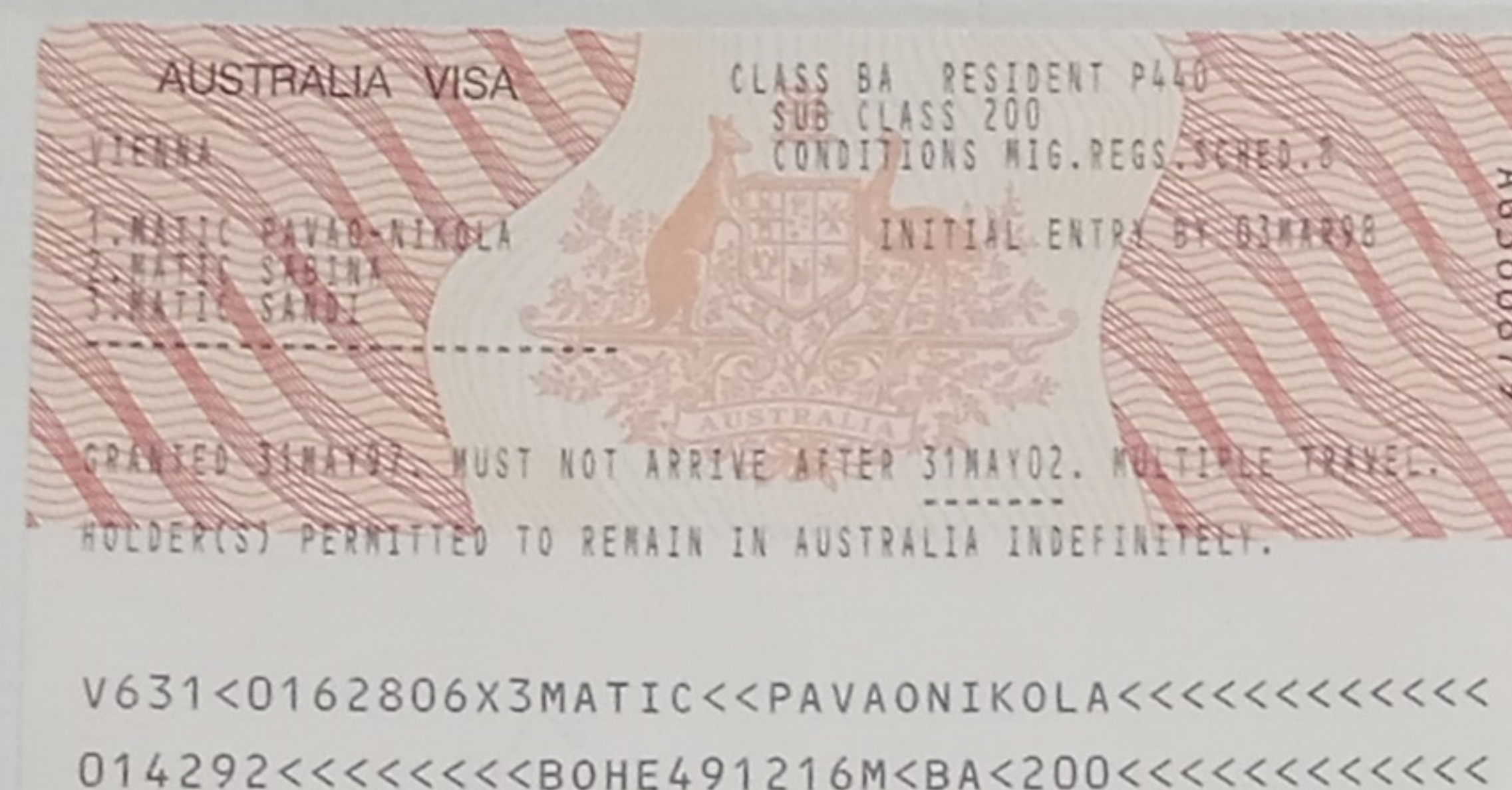
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(Official Use – On Arrival)



Form M305 (7/94)

ACC 1113275

CHILDREN INCLUDED IN CERTIFICATE

*The names of the following children who have not attained the age of sixteen years
and of whom the grantee of this Certificate is a responsible parent
have been included in this Certificate.*

NAME OF CHILD

DATE OF BIRTH

1. SANDI MATIC

25/08/1983


MINISTER
FOR IMMIGRATION AND
MULTICULTURAL AFFAIRS

ACC 1113276

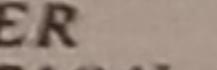
CHILDREN INCLUDED IN CERTIFICATE

*The names of the following children who have not attained the age of sixteen years
and of whom the grantee of this Certificate is a responsible parent
have been included in this Certificate.*

NAME OF CHILD

DATE OF BIRTH

THERE ARE NO CHILDREN ON THIS CERTIFICATE


MINISTER
FOR IMMIGRATION AND
MULTICULTURAL AFFAIRS

PRISONER

7

Corrective Services

MATIC
SANDI

DOB 25/08/1983



Health

01 Sandi Matic
02 Luka-Nikola Matic

Sandi Matic

DJECA / CHILDREN / ENFANTS

Ime / First Name / Prénom
SANDI

Prezime / Surname / Nom
MATIC

Datum rođenja / Date of birth / Date de naissance
25.08.1983.

Spol / Sex / Sexe
MUSKO (M)

Specijalno / Relationship / Parenté
SIN

Vrijedi do / Date of expiry
Dated expiration
26.08.1995.



Ime / First name / Prénom

Prezime / Surname / Nom

Datum rođenja / Date of birth / Date de naissance

Spol / Sex / Sexe

Specijalno / Relationship / Parenté

Vrijedi do / Date of expiry
Date d'expiration

JMBG / Personal No / N° Personnel
1612949330221

Ime / First Name / Prénom
PAVAO NIKOLA

Prezime / Surname / Nom
MATIC

Datum rođenja / Date of birth / Date de naissance
16.12.1949.

Mjesto rođenja / Place of birth / Lieu de naissance
MOSTAR

Prebivalište i adresa / Residence / Domicile
BOSNA I HERCEGOVINA, MOSTAR

AVENIJA 057

Putovnica br. / Passport No / Passeport N°
07026356



Vlastoručni potpis / Holder's signature / Signature du titulaire

P. Matic

Datum izdavanja / Date of issue / Date de délivrance
26.08.1993.

Izdala / Issued by / Délivré par
MUP / SPLIT

Vrijedi do / Date of expiry / Date d'expiration
26.08.2003.

JMBG / Personal No / N° Personnel

2508983330372

Ime / First Name / Prénom
SANDI

Prezime / Surname / Nom
MATIC

Datum rođenja / Date of birth / Date de naissance
25.08.1983.

Mjesto rođenja / Place of birth / Lieu de naissance
MOSTAR

Prebivalište i adresa / Residence / Domicile
MOSTAR, KRALJA TOMISLAVA 57

BOSNA I HERCEGOVINA

Vlastoručni potpis / Holder's signature / Signature du titulaire

L. Matic

Datum izdavanja / Date of issue / Date de délivrance

27.07.1995.

Izdala / Issued by / Délivré par

Vrijedi do / Date of expiry / Date d'expiration



F3014060
SANDI
MATIC
25/08/1983